

NPDES Permit No. IL0059412
Notice No. JMC:15071602.JMC

Public Notice Beginning Date: **September 29, 2015**

Public Notice Ending Date: **October 29, 2015**

National Pollutant Discharge Elimination System (NPDES)
Permit Program

PUBLIC NOTICE/FACT SHEET
of
Draft Reissued NPDES Permit to Discharge into Waters of the State

Public Notice/Fact Sheet Issued By:

Illinois EPA
Division of Water Pollution Control
Permit Section
1021 North Grand Avenue East
Post Office Box 19276
Springfield, Illinois 62794-9276
217/782-0610

Name and Address of Discharger:

Clearview Sanitary District
P.O.Box 3531
Bloomington, Illinois 61702

Name and Address of Facility:

Clearview Sanitary District-STP
3002 Joseph Street
Bloomington, Illinois 61704
(McLean County)

The Illinois Environmental Protection Agency (IEPA) has made a tentative determination to issue a NPDES Permit to discharge into the waters of the state and has prepared a draft Permit and associated fact sheet for the above named discharger. The Public Notice period will begin and end on the dates indicated in the heading of this Public Notice/Fact Sheet. All comments on the draft Permit and requests for hearing must be received by the IEPA by U.S. Mail, carrier mail or hand delivered by the Public Notice Ending Date. Interested persons are invited to submit written comments on the draft Permit to the IEPA at the above address. Commentors shall provide his or her name and address and the nature of the issues proposed to be raised and the evidence proposed to be presented with regards to those issues. Commentors may include a request for public hearing. Persons submitting comments and/or requests for public hearing shall also send a copy of such comments or requests to the Permit applicant. The NPDES Permit and notice numbers must appear on each comment page.

The application, engineer's review notes including load limit calculations, Public Notice/Fact Sheet, draft Permit, comments received, and other documents are available for inspection and may be copied at the IEPA between 9:30 a.m. and 3:30 p.m. Monday through Friday when scheduled by the interested person.

If written comments or requests indicates a significant degree of public interest in the draft Permit, the permitting authority may, at its discretion, hold a public hearing. Public notice will be given 45 days before any public hearing. Response to comments will be provided when the final Permit is issued. For further information, please call Jamie Cowles at 217/782-0610.

The following water quality and effluent standards and limitations were applied to the discharge:

Title 35: Environmental Protection, Subtitle C: Water Pollution, Chapter I: Pollution Control Board and the Clean Water Act were applied in determining the applicable standards, limitations and conditions contained in the draft Permit.

The applicant is engaged in treating domestic wastewater for the Clearview Sanitary District

The length of the Permit is approximately 5 years.

The main discharge number is 001. The seven day once in ten year low flow (7Q10) of the receiving stream, Timber Creek, is 0 cfs.

The design average flow (DAF) for the facility is 0.019 million gallons per day (MGD) and the design maximum flow (DMF) for the facility is 0.047 MGD. Treatment consists of waste stabilization ponds and disinfection.

This reissued NPDES Permit does not increase the facility's DAF, DMF, concentration limits, and/or load limits.

Pursuant to the waiver provisions authorized by 40 CFR § 123.24, this draft permit is with the class, type, and size for which the Regional Administrator, Region V, has waived his right to review, object, or comment on this draft permit action.

Application is made for the existing discharge(s) which is (are) located in McLean County, Illinois. The following information identifies the discharge point, receiving stream and stream classifications:

Discharge Number	Receiving Stream	Latitude	Longitude	Stream Classification	Integrity Rating
001	Timber Creek	40° 25' 56" North	88° 59' 43" West	General Use	A

To assist you further in identifying the location of the discharge(s) please see the attached map.

The stream segment(s), EIDC-01, receiving the discharge from outfall(s) 001 is (are) not on the 303 (d) list of impaired waters.

The discharge(s) from the facility is (are) proposed to be monitored and limited at all times as follows:

Discharge Number(s) and Name(s): STP Outfall 001

Load limits computed based on a design average flow (DAF) of 0.019 MGD (design maximum flow (DMF) of 0.047 MGD).

The effluent of the above discharge(s) shall be monitored and limited at all times as follows:

Parameter	LOAD LIMITS lbs/day* <u>DAF (DMF)</u>			CONCENTRATION LIMITS mg/L			Regulation
	Monthly Average	Weekly Average	Daily Maximum	Monthly Average	Weekly Average	Daily Maximum	
CBOD ₅	1.6 (3.9)		3.2 (7.8)	10		20	35 IAC 304.120 40 CFR 133.102
Suspended Solids	1.9 (4.7)		3.8 (9.4)	12		24	35 IAC 304.120 40 CFR 133.102
pH	Shall be in the range of 6 to 9 Standard Units						35 IAC 304.125
Fecal Coliform	Daily Maximum shall not exceed 200 per 100 ml						35 IAC 302.209
Chlorine Residual						0.05	35 IAC 302.208
Ammonia Nitrogen as (N): March-May, Sept.-Oct. June-August November-February	0.24 (0.59) 0.14 (0.35) 0.44 (1.1)	0.60 (1.5) 0.44(1.1) ----	0.65 (1.6) 0.87 (2.2) 0.74 (1.8)	1.5 0.9 2.8	3.8 2.8 NA	4.1 5.5 4.7	35 IAC 355 and 35 IAC 302
				Monthly Average not less than	Weekly Average not less than	Daily Minimum	
Dissolved Oxygen March - July August - February				NA 5.5	6.0 4.0	5.0 3.5	35 IAC 302.206

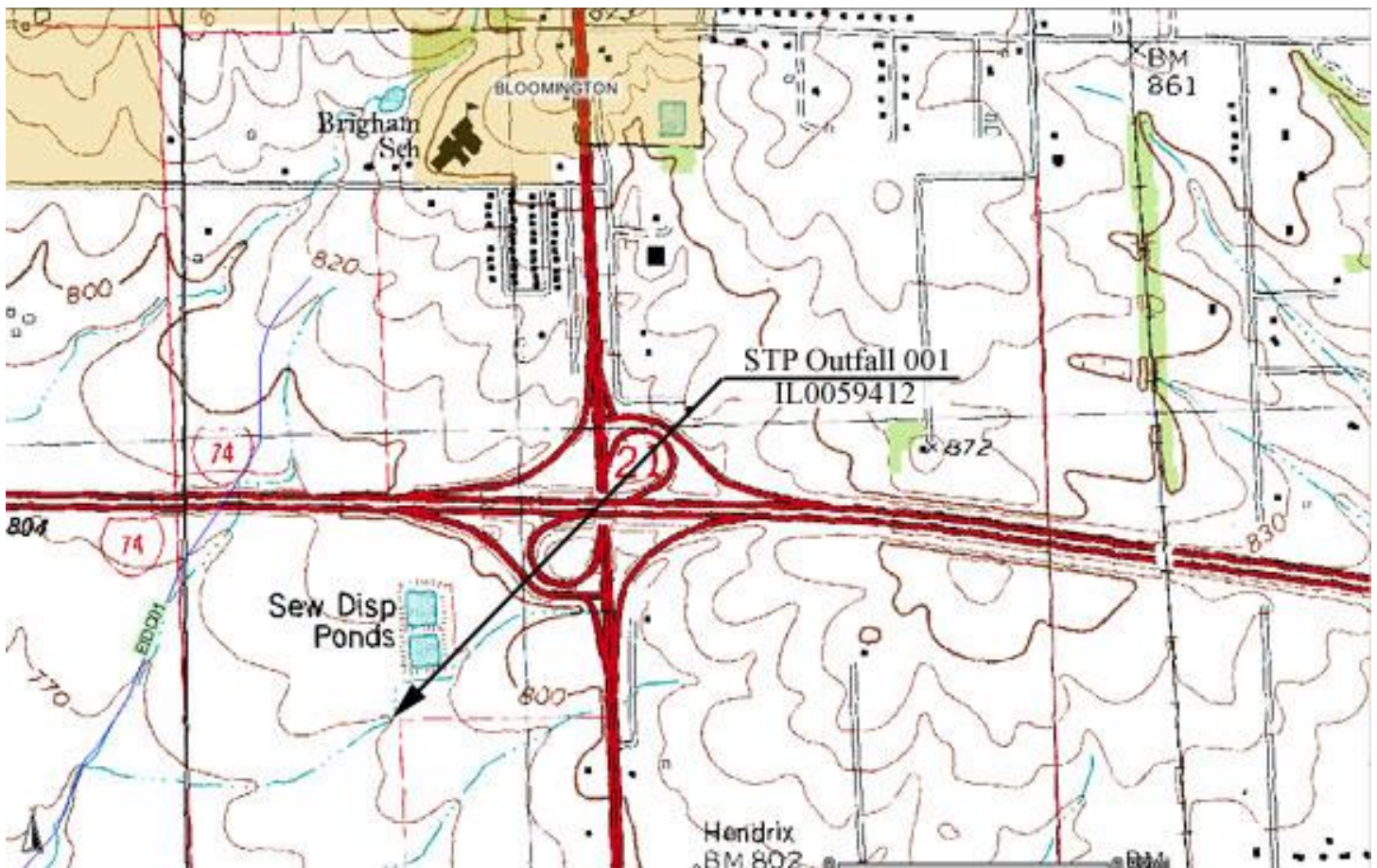
*Load Limits are calculated by using the formula: $8.34 \times (\text{Design Average and/or Maximum Flow in MGD}) \times (\text{Applicable Concentration in mg/L})$.

Fecal Coliform shall not exceed a geometric mean of 200 per 100 ml or exceed a daily maximum value of 1.4×10^8 cfu/day for May through October, nor shall more than 10% of the samples during any 30 day period exceed 400 per 100 ml.

**BOD₅ and Suspended Solids (85% removal required): In accordance with 40 CFR 133, the 30-day average percent removal shall not be less than 85 percent except as provided in Sections 133.103 and 133.105.

This draft Permit also contains the following requirements as special conditions:

1. Reopening of this Permit to include different final effluent limitations.
2. Operation of the facility by or under the supervision of a certified operator.
3. Submission of the operational data in a specified form and at a required frequency at any time during the effective term of this Permit.
4. More frequent monitoring requirement without Public Notice in the event of operational, maintenance or other problems resulting in possible effluent deterioration.
5. Prohibition against causing or contributing to violations of water quality standards.
6. Effluent sampling point location.
7. A requirement to monitor and a limit of 0.05 mg/L for residual chlorine when it is used.
8. Recording the monitoring results on Discharge Monitoring Report Forms using one such form for each outfall each month and submitting the forms to IEPA each month.
9. Reopening of this Permit to include revised effluent limitations based on a Total Maximum Daily Load (TMDL) or other water quality study.



NPDES Permit No. IL0059412

Illinois Environmental Protection Agency

Division of Water Pollution Control

1021 North Grand Avenue East

Post Office Box 19276

Springfield, Illinois 62794-9276

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

Reissued (NPDES) Permit

Expiration Date:

Issue Date:

Effective Date:

Name and Address of Permittee:

Facility Name and Address:

Clearview Sanitary District
P.O.Box 3531
Bloomington, Illinois 61702

Clearview Sanitary District-STP
3002 Joseph Street
Bloomington, Illinois 61704
(McLean County)

Receiving Waters: Timber Creek

In compliance with the provisions of the Illinois Environmental Protection Act, Title 35 of the Ill. Adm. Code, Subtitle C, Chapter I, and the Clean Water Act (CWA), the above-named Permittee is hereby authorized to discharge at the above location to the above-named receiving stream in accordance with the Effluent Limitations, Monitoring, and Reporting requirements; Special Conditions and Attachment H Standard Conditions attached herein.

Permittee is not authorized to discharge after the above expiration date. In order to receive authorization to discharge beyond the expiration date, the Permittee shall submit the proper application as required by the Illinois Environmental Protection Agency (IEPA) not later than 180 days prior to the expiration date.

Alan Keller, P.E.
Manager, Permit Section
Division of Water Pollution Control

SAK:JMC:15071602.JMC

Special ConditionsEffluent Limitations, Monitoring, and Reporting

FINAL

Discharge Number(s) and Name(s): STP Outfall 001

Load limits computed based on a design average flow (DAF) of 0.019 MGD (design maximum flow (DMF) of 0.047 MGD).

From the effective date of this Permit until the expiration date, the effluent of the above discharge(s) shall be monitored and limited at all times as follows:

Parameter	LOAD LIMITS lbs/day DAF (DMF)*			CONCENTRATION LIMITS MG/L			Sample Frequency	Sample Type
	Monthly Average	Weekly Average	Daily Maximum	Monthly Average	Weekly Average	Daily Maximum		
Flow (MGD)							Continuous	
CBOD ₅ ** ⁽¹⁾	1.6 (3.9)		3.2 (7.8)	10		20	1 Day/ Month	Composite
Suspended Solids ⁽¹⁾	1.9 (4.7)		3.8 (9.4)	12		24	1 Day/ Month	Composite
pH	Shall be in the range of 6 to 9 Standard Units						1 Day/ Month	Grab
Fecal Coliform***, ****	Daily Maximum shall not exceed 200 per 100 mL						1 Day/ Month	Grab
Chlorine Residual***						0.05	1 Day/ Month	Grab
Ammonia Nitrogen as (N): March-May, Sept.-Oct. June-August November-February	0.24 (0.59) 0.14 (0.35) 0.44 (1.1)	0.60 (1.5) 0.44(1.1) ----	0.65 (1.6) 0.87 (2.2) 0.74 (1.8)	1.5 0.9 2.8	3.8 2.8 NA	4.1 5.5 4.7	1 Day/ Month 1 Day/ Month 1 Day/ Month	Composite Composite Composite
				Monthly Average not less than	Weekly Average not less than	Daily Minimum		
Dissolved Oxygen March - July August - February				N/A 5.5	6.0 4.0	5.0 3.5	1 Day/ Month 1 Day/ Month	Grab Grab

*Load limits based on design maximum flow shall apply only when flow exceeds design average flow.

**Carbonaceous BOD₅ (CBOD₅) testing shall be in accordance with 40 CFR 136.

***See Special Condition 7.

**** Fecal Coliform shall not exceed a geometric mean of 200 per 100 ml or exceed a daily maximum value of 1.4×10^8 cfu/day for May through October, nor shall more than 10% of the samples during any 30 day period exceed 400 per 100 ml.

¹ BOD₅ and Suspended Solids (85% removal required): In accordance with 40 CFR 133, the 30-day average percent removal shall not be less than 85 percent except as provided in Sections 133.103 and 133.105. The percent removal need not be reported to the IEPA on DMRs but influent and effluent data must be available, as required elsewhere in this Permit, for IEPA inspection and review. For measuring compliance with this requirement, 5 mg/L shall be added to the effluent CBOD₅ concentration to determine the effluent BOD₅ concentration. Percent removal is a percentage expression of the removal efficiency across a treatment plant for a given pollutant parameter, as determined from the 30-day average values of the raw wastewater influent concentrations to the facility and the 30-day average values of the effluent pollutant concentrations for a given time period.

Flow shall be reported on the Discharge Monitoring Report (DMR) as monthly average and daily maximum.

Fecal Coliform shall be reported on the DMR as a daily maximum value.

pH shall be reported on the DMR as minimum and maximum value.

Chlorine residual shall be reported on DMR as daily maximum value.

Dissolved oxygen shall be reported on the DMR as a minimum value.

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Special Conditions

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Influent Monitoring, and Reporting

The influent to the plant shall be monitored as follows:

Parameter	Sample Frequency	Sample Type
Flow (MGD)	Continuous	RIT* or as Hardware Allows
BOD ₅	1 Day/ Month	Composite
Suspended Solids	1 Day/ Month	Composite

Influent samples shall be taken at a point representative of the influent.

Flow (MGD) shall be reported on the Discharge Monitoring Report (DMR) as monthly average and daily maximum.

BOD₅ and Suspended Solids shall be reported on the DMR as a monthly average concentration.

*RIT = Recording, Indicating, Totalizing.

Special Conditions

SPECIAL CONDITION 1. This Permit may be modified to include different final effluent limitations or requirements which are consistent with applicable laws and regulations. The IEPA will public notice the permit modification.

SPECIAL CONDITION 2. The use or operation of this facility shall be by or under the supervision of a Certified Class 4 operator.

SPECIAL CONDITION 3. The IEPA may request in writing submittal of operational information in a specified form and at a required frequency at any time during the effective period of this Permit.

SPECIAL CONDITION 4. The IEPA may request more frequent monitoring by permit modification pursuant to 40 CFR § 122.63 and Without Public Notice.

SPECIAL CONDITION 5. The effluent, alone or in combination with other sources, shall not cause a violation of any applicable water quality standard outlined in 35 Ill. Adm. Code 302.

SPECIAL CONDITION 6. Samples taken in compliance with the effluent monitoring requirements shall be taken at a point representative of the discharge, but prior to entry into the receiving stream.

SPECIAL CONDITION 7. Fecal Coliform limits for Discharge Number 001 are effective May thru October. Sampling of Fecal Coliform is only required during this time period.

Fecal Coliform shall not exceed a geometric mean of 200 per 100 ml, nor shall more than 10% of the samples during any 30 day period exceed 400 per 100 ml.

The total residual chlorine limit is applicable at all times. If the Permittee is chlorinating for any purpose during the months of November through April, sampling is required on a daily grab basis. Sampling frequency for the months of May through October shall be as indicated on effluent limitations, monitoring and reporting page of this Permit.

SPECIAL CONDITION 8.

The Permittee shall record monitoring results on Discharge Monitoring Report (DMR) Forms using one such form for each outfall each month.

In the event that an outfall does not discharge during a monthly reporting period, the DMR Form shall be submitted with no discharge indicated.

The Permittee may choose to submit electronic DMRs (NetDMRs) instead of mailing paper DMRs to the IEPA. More information, including registration information for the NetDMR program, can be obtained on the IEPA website, <http://www.epa.state.il.us/water/net-dmr/index.html>.

The completed Discharge Monitoring Report Forms shall be submitted to IEPA and the McLean County Health Department no later than the 25th day of the following month, unless otherwise specified by the permitting authority.

Permittees using NetDMRs shall mail a paper copy of the NetDMR to the McLean County Health Department. Permittees not using NetDMRs shall mail the Discharge Monitoring Reports with an original signature to the IEPA and copies of the Discharge Monitoring Reports shall be mailed to the McLean County Health Department at the following addresses:

Illinois Environmental Protection Agency
Division of Water Pollution Control
Attention: Compliance Assurance Section,
Mail Code # 19
1021 North Grand Avenue East
Post Office Box 19276
Springfield, Illinois 62794-9276

McLean County Health Department
Division of Environmental Health
200 West Front Street, Room 304
Bloomington, Illinois 61701-5067

SPECIAL CONDITION 9. This Permit may be modified to include alternative or additional final effluent limitations pursuant to an approved Total Maximum Daily Load (TMDL) Study or upon completion of an alternate Water Quality Study.